ARIZONA CORPORATION COMMISSION UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



W-03525A C-D Oasis Water Company 1665 10th St. Douglas, AZ 85607

PECEIVED

APR 1 5 2008

OURP COMM

ANNUAL REPORT

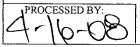
FOR YEAR ENDING

12 31 2007

FOR COMMISSION USE

ANN 04

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SCANNED

COMPANY INFORMATION

Company Name (Business Name)	C-D ODSIS WATE	RCo.	
Mailing Address 1665-10 ⁴ Douglas (Street)	49		
(Street)	Λ		
L)OUGLAS	ARIZ (State)		35607
	(State)		(Zip)
520-361-5140			
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address		,	
ocal Office Mailing Address)mG (Street)		
(0)			
(City)	(State)		(Zip)
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (I	nclude Area Code)
Email Address			
MAN	NAGEMENT INFORMATIO	<u>ON</u>	-4
MAN			(UV5P
MAN Management Contact: DERN	ON CARDWELL (Name)		WN5P_ Title)
MAN			(UNER_ Title) 85607 (Zip)
MAN Management Contact: DERN 1665 10th (Street)	ON CARDWELL (Name)		
MAN Management Contact: DERN	ON CARDWELL (Name)	Az (State)	
MAN Management Contact: DERN 1665 10th (Street) 520-364-5140 Telephone No. (Include Area Code)	ON CARDWELL (Name) DOUGLAS (City)	Az (State)	85607 (Zip)
MAN Management Contact: DERN 1665 10th (Street) 520-364-5140 Telephone No. (Include Area Code) Email Address	ON CARDWELL (Name) DOUGLAS (City) Fax No. (Include Area Code)	(State) Cell No. (In	(Zip) clude Area Code)
MAN Management Contact: DERN 1665 10th (Street) 520-364-5140 Telephone No. (Include Area Code) Email Address	CARDWELL (Name) DOUGLAS (City) Fax No. (Include Area Code) WARREN P.O. Box	(State) Cell No. (In	(Zip) clude Area Code)
MAN Management Contact: DERN 1665 10th (Street) 520-364-5140 Telephone No. (Include Area Code) Email Address	CARDWELL (Name) DOUGLAS (City) Fax No. (Include Area Code) WARREN P.O. Box	(State) Cell No. (In	(Zip) clude Area Code)
MAN Management Contact: DERN 1665 10th (Street) 520-364-5140 Telephone No. (Include Area Code) Email Address On Site Manager: LESTER	(Name) DOUGLAS (City) Fax No. (Include Area Code) WARREN P.O. Box (Name)	Cell No. (In (State) Az. (State)	85607 (Zip)
MAN Management Contact: DERN 1665 10th (Street) 520-364-5140 Telephone No. (Include Area Code) Comail Address On Site Manager: LESTER (Street) Telephone No. (Include Area Code)	CARDWELL (Name) DOUGLAS (City) Fax No. (Include Area Code) WARREN PO. Box (Name) (City)	Cell No. (In (State) Az. (State)	## 25607 (Zip) clude Area Code) ### 25606 (Zip)
MAN Management Contact: DERN 1665 10th (Street) 520-364-5140 Telephone No. (Include Area Code) Email Address On Site Manager: LESTER (Street)	CARDWELL (Name) DOUGLAS (City) Fax No. (Include Area Code) WARREN PO. Box (Name) (City)	Cell No. (In (State) Az. (State)	## 25607 (Zip) clude Area Code) ### 25606 (Zip)

Statutory Agent:		
	(Name)	
(Street)	(City)	(State) (Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Cell No. (Include Area Code)
Attorney:	(Name)	
(Street)	(City)	(State) (Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address		
Please mark this box if the above	address(es) have changed or ar	e updated since the last filing.
<u>O'</u>	WNERSHIP INFORMATION	<u>ON</u>
Check the following box that applies to	o your company:	
Sole Proprietor (S)	C Corporation ((C) (Other than Association/Co-op)
Partnership (P)	Subchapter S Co	orporation (Z)
☐ Bankruptcy (B)	Association/Co-o	op (A)
Receivership (R)	Limited Liability	y Company
Other (Describe)		
	COUNTIES SERVED	
Check the box below for the county/ies	s in which you are certificated to p	rovide service:
Д АРАСНЕ	COCHISE	
☐ GILA	☐ GRAHAM	GREENLEE
☐ LA PAZ	☐ MARICOPA	☐ MOHAVE
☐ NAVAJO	☐ PIMA	☐ PINAL
☐ SANTA CRUZ	☐ YAVAPAI	☐ YUMA
☐ STATEWIDE		

UTILITY PLANT IN SERVICE

Acct.		Original	Accumulated	O.C.L.D.
No.	DESCRIPTION	Cost (OC)	Depreciation (AD)	(OC less AD)
301	Organization	8,25000		
302	Franchises			
303	Land and Land Rights	INCLUDED IN 301		
304	Structures and Improvements	11		
307	Wells and Springs	11	-	
311	Pumping Equipment	17		
320	Water Treatment Equipment	NONE		
330	Distribution Reservoirs and Standpipes	None		
331	Transmission and Distribution Mains	NONE		
333	Services	NONE		
334	Meters and Meter Installations	INCLUDED IN 30/		
335	Hydrants	NONE		
336	Backflow Prevention Devices	NOTHING	. ——	
339	Other Plant and Misc. Equipment	NONE		
340	Office Furniture and Equipment	NONGO		
341	Transportation Equipment	NONE &		ζ
343	Tools, Shop and Garage Equipment	NONE @ PRESENT		
344	Laboratory Equipment	NONE		_
345	Power Operated Equipment	NOVE @		
346	Communication Equipment	NONE @		
347	Miscellaneous Equipment	NONE		
348	Other Tangible Plant	NONE 8,25000		-
	TOTALS	8,25000	~	~

This amount goes on the Balance Sheet Acct. No. 108-

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements	20		
307	Wells and Springs	8		
311	Pumping Equipment	<i>V</i> 0		
320	Water Treatment Equipment	27.18		
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains	à		
333	Services	₩ 4		
334	Meters and Meter Installations	3		
335	Hydrants	0		
336	Backflow Prevention Devices	4		
339	Other Plant and Misc. Equipment	U U		
340	Office Furniture and Equipment	\$ \$\frac{\partial}{\sum_{\text{X}}}\$		
341	Transportation Equipment	0.0		
343	Tools, Shop and Garage Equipment	0		
344	Laboratory Equipment	2		
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			

This amount goes on the Comparative Statement of Income and Expense _____ Acct. No. 403.

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF	BALANCE AT END OF
····	ASSETS	YEAR	YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 852.23	\$ 66.22
134	Working Funds	NONE	NONE
135	Temporary Cash Investments	NONE	NONE
141	Customer Accounts Receivable	NONE	NONE
146	Notes/Receivables from Associated Companies	None	Nort
151	Plant Material and Supplies	NONE	Noite
162	Prepayments	DONE	Nove
174	Miscellaneous Current and Accrued Assets	None	NONE
	TOTAL CURRENT AND ACCRUED ASSETS		l i
w		SS 528	\$ 46.23
	FIXED ASSETS		
101	Utility Plant in Service	\$ 8,25000	\$ 8.25000
103	Property Held for Future Use	\$ 8,25000 INCLUDED NV/01	\$ 8,25000 NOCCUDED IN
105	Construction Work in Progress	NONE	NONE
108	Accumulated Depreciation – Utility Plant	NONE	NONE
121	Non-Utility Property	Nove	NONE
122	Accumulated Depreciation - Non Utility	Nove	None
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$ 8,250 00	\$ 8,250 00

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

* THIS IS NOT A TRUE PICTURE OF ASETS AS I HAVE TO PAY MOST

BALANCE SHEET (CONTINUED)

Acct. No.	LIABILITIES	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIADILITIES	IEAR	IEAN
	CURRENT LIABILITES		-
231	Accounts Payable	\$ 3	\$ 3
232	Notes Payable (Current Portion)	NONE	NONE
234	Notes/Accounts Payable to Associated Companies	NONE	NONE
235	Customer Deposits	NONE	NONE
236	Accrued Taxes	NONE	Nove
237	Accrued Interest	Nove	None
241	Miscellaneous Current and Accrued Liabilities	7	2 2
	TOTAL CURRENT LIABILITIES	\$	\$
22.4	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ None	\$ None
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$ NONE	\$ NONE
252	Advances in Aid of Construction	Nove	Nove
255	Accumulated Deferred Investment Tax Credits	Nove	Nove
271	Contributions in Aid of Construction	NONE	None
272	Less: Amortization of Contributions	NONE	Nove
281	Accumulated Deferred Income Tax	Nove	Nove
	TOTAL DEFERRED CREDITS	\$ Nove	\$ Nove
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ Nove	\$ NONE
211	Paid in Capital in Excess of Par Value	None	NONE
215	Retained Earnings	N/A	11/2
218	Proprietary Capital (Sole Props and Partnerships)	3	Z Z
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$	\$

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ NO REVINUE	\$ 2,347.02
460	Unmetered Water Revenue	NONE	None
474	Other Water Revenues	NONE	Nove
	TOTAL REVENUES	\$ 0	\$ 2,347.02
	OPERATING EXPENSES		
601	Salaries and Wages	\$ NONE	\$ NONE
610	Purchased Water	0	0
615	Purchased Power	186.57	516 22
618	Chemicals	56.22	516.22
620	Repairs and Maintenance	DID MYSORF	mysoup # 12 678#
621	Office Supplies and Expense	433.92	467.12
630	Outside Services	7	?
635	Water Testing	30000	375,00
641	Rents	NONE	NONE
650	Transportation Expenses	2,683.35	3,540.50
657	Insurance – General Liability	NONE	2,161,25
659	Insurance - Health and Life	NONE	Nove
666	Regulatory Commission Expense – Rate Case	7	3
675	Miscellaneous Expense	792,80	381.97
403	Depreciation Expense	NONE	Nove
408	Taxes Other Than Income	Nove	Nove
408.11	Property Taxes	225, 30	234.90
409	Income Tax	Nove	Nove
	TOTAL OPERATING EXPENSES	\$ 4,478, 1	\$ 7766.35
	OPERATING INCOME/(LOSS)	\$ - 4,478.16	\$-5419.33
		7,70	+ 3 + 113
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ NONE	\$ NONE
421	Non-Utility Income	NONE	Nove
426	Miscellaneous Non-Utility Expenses	NONE	Nove
427	Interest Expense	NONE	Nove
	TOTAL OTHER INCOME/(EXPENSE)	\$ - 4,478 4	\$ - 54/9.33
	NET INCOME/(LOSS)	\$	\$

^{*} FIRST YEAR TO HAVE INSURANCE ON C-D OASIS WATER. THE PEOPLE ARE ON FIXED I HOMOS. I DO NOT KNOW HOW I CANGET THIS ON AN EVEN COURSE.

COMPANY NAME (-1) ODSIS WATER CO.

SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$_	\$
Date of Maturity			7	
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End	\$ \bigcirc	
Meter Deposits Refunded During the Test Year	\$ Ø	

COMPANY NAME	C-D	OA513	WATER CO	
Name of System:		ADEQ Pub	olic Water System Number:	

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
621-401	Z	22		14"	?	5
621-401	1/2	10		16"	?	3
,						
				, · · · · · · · · · · · · · · · · · · ·		
:		7-1				
	CYY	71				

Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
N/A		

BOOSTER PU	MPS	FIRE HYDRANTS		
Horsepower	Quantity	Quantity Standard	Quantity Other	
DONE		NONE	NONE	

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
None		1,000	2

Note: If you are filing for more than one system, please provide separate sheets for each system.

Name of System:	ADEQ Public Water System Number:
-----------------	----------------------------------

	MAINS			CUSTOMER	METERS
Size (in inches)	Material	Length (in feet)		Size (in inches)	Quantity
2				5/8 X ³ / ₄	
3		3		3/4	11
4	TRANSITE	38 296'	APPROV	1	
55		3 %		1 1/2	
6	TRANSITE	3 2520	APPROX	2	
8		9 0 5		Comp. 3	T Thirtie
10		226		Turbo 3	
12		208		Comp. 4	
		0 40		Tubo 4	
		200		Comp. 6	
		600		Tubo 6	
		476			
	,	- 1 3 S			
For the following TREATMENT EQ		the utility owned	assets in each ca	tegory for each system.	

STRUCTURES: SMALL FIN BLDG (2 PUMP HOUSES) CORRIGATED IRON BLDG OTHER: DONE

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	C-D	OA313	WATER CO.	
Name of System:		AJ	DEQ Public Water System Number:	

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2007

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLONS PUMPED	GALLONS PURCHASED
JANUARY	12	(Thousands) 42,420	(Thousands) 42,420	(Thousands)
FEBRUARY	11	26,740	26,740	
MARCH	11	48,220	48,220	
APRIL	11	35.990	35,990	
MAY	H	24,930	24,930	10
JUNE	11	34,590	34,590	7
JULY	И	78,440	28,440	4
AUGUST	11	49.240	49,240	^
SEPTEMBER	t (41.940	41,940	· ·
OCTOBER	bl	64,370	64,370	
NOVEMBER	16	29,940	29,940	2
DECEMBER	l/	23,280	23,280	
	$TOTALS \rightarrow$	500,100	500,100	

(If more than one well, please list each separately.)
If system has fire hydrants, what is the fire flow requirement? 1/4 GPM forhrs
If system has chlorination treatment, does this treatment system chlorinate continuously? () Yes () No
Is the Water Utility located in an ADWR Active Management Area (AMA)? () Yes () No t Dent Three So.
Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement? () Yes () No NOT TO MY KNOWELEGE
If yes, provide the GPCPD amount:

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME C-D CASIS WATER CO	YEAR ENDING 12/31/2007
PROPERTY TAXES	
Amount of actual property taxes paid during Calendar Year 2007 was: \$	234,90
Attach to this annual report proof (e.g. property tax bills stamped "paid in f property tax payments) of any and all property taxes paid during the calend	full" or copies of cancelled checks for
If no property taxes paid, explain why	

VERIFICATION AND SWORN STATEMENT Taxes

RECEIVED

APR 1 5 2006

VERIFICATION

STATE OF ARIZ.

I, THE UNDERSIGNED

OF THE

Taxes	Conten Makelo
	AZ CORP COMIN
	Director Utilities
COUNTY OF (COUNTY NAME)	
COCA	115E
NAME (OWNER OR OFFICIAL) TITLE	VERNON CARDWELL
COMPANY NAME	
C-1)	OASIS WATER GO

<u>DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION</u>

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF
THIS DAY OF

(SEAL)

MY COMMISSION EXPIRES DAY

SIGNATURE OF OWNER OR OFFICIAL

COUNTY NAME

COUNTY NAME

COUNTY NAME

SIGNATURE OF NOTARY PUBLIC

SIGNATURE OF NOTARY PUBLIC

COMPANY NAME C-D CASIS WATER GO.

YEAR ENDING 12/31/2007

INCOME TAXES

F	or this reporting period, provide the following:	
	ederal Taxable Income Reported stimated or Actual Federal Tax Liability	NONE
	tate Taxable Income Reported stimated or Actual State Tax Liability	NONE
A	mount of Grossed-Up Contributions/Advances:	
Α	mount of Contributions/Advances mount of Gross-Up Tax Collected otal Grossed-Up Contributions/Advances	None
o ar n	f the tax year when tax returns are completed. Property Payer or if any gross-up tax refunds have already	will refund any excess gross-up funds collected at the close ursuant to this Decision, if gross-up tax refunds are due to ady been made, attach the following information by Payer ount of gross-up tax collected, the amount of refund due to be or has made the refund to the Payer.
C	ERTIFICATION	
p: co	rior year's annual report. This certification is to	s refunded to Payers all gross-up tax refunds reported in the be signed by the President or Chief Executive Officer, if a partnership; the managing member, if a limited liability hip.

PECEIVED

VERIFICATION AND SWORN STATEMENT

Intrastate Revenues Only

APR 3 5 2008

AZ CORP COMM Director Littlings

VERIFICATION	Director Uti	lities
STATE OF DRIZ	COUNTY OF (COUNTY NAME)	
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL) TITLE VERNOR GARDWELL OWNER.	
OF THE	C-D OBSIS WATER 6	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR
12 31 2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM <u>ARIZONA INTRASTATE</u> <u>UTILITY OPERATIONS DURING CALENDAR YEAR 2007 WAS:</u>

Arizona Intrastate Gross Operating Revenues Only (\$)

(THE AMOUNT IN BOX ABOVE

s 2,347.02

	INCLUDES \$ <u>/43.67</u> IN SALES TAXES BILLED, OR COLLECTED)
**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL) SUBSCRIBED AND SWORN TO BEFORE ME	SIGNATURE OF OWNER OR OFFICIAL SZO-364-5140 TELEPHONE NUMBER
A NOTARY PUBLIC IN AND FOR THE COUNTY OF	COUNTY NAME COCKIS
THIS DAY OF	MONTH April ,2008
(SEAL) MY COMMISSION EXPIRES 7 28 0	SIGNATURE OF NOTARY PURLIC

VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE

Intrastate Revenues Only

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APR 1 5 2008

AZ CORP COMM Director Utilities

VERIFICATION

STATE OF ARIZONA

COUNTY OF (COUNT	TY NAME)				
	Co:	CNISE			
NAME (OWNER OR I	OFFICIAL)	NON (ART	TITL	OWNER	 2-
COMPANY NAME					

I, THE UNDERSIGNED OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 12 31 2007

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2007 WAS:

*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.

20-364-5140

			TELEPHONE NUMBER		
SUBSCRIBED AND SWORN TO BEFORE ME		NOTARY RUBLIC NAME Dantza	Martinez		
A NOTARY PUBLIC IN AND FOR THE COUNTY OF			COUNTY NAME COCKY.		
гніѕ	lith	DAY OF	MONTH ANY ?!	.20_68	
(SEAL)	1		7	Λ -	

MY COMMISSION EXPIRES

17

COCHISE COUNTY TREASURER Reprint Receipt

						Cas	hier: AME
Tax				Tax	Interest	Penalty	
Year	Parcel	Portion	Roll #	Paid	Paid	Paid	Paid
2007	20416061012	3	00-77067	4.50			234.30
2007	20416077019	3	00-77084	4.50			234.30
2007	20416078012	3	00-77086	4,50			234.30
2007	20416138004	3	00-77145	4.50			234.30
2007	20416148012	3	00-77156	4.50			234.30
2007	20416234018	3	00-77241	4.50			234.30
2007	20416264015	3	00-77270	4.50			234.30
2007	20416355016	3	00-77362	4.50			234.30
2007	20416360010	3	00-77368	4.50			234.30
2007	20416400013	3	00-77410	4.50			234.30
2007	20416439017	3	00-77449	4.50			234.30
2007	20420448005	3	00-77934	8.58			234.30
2007	91462600007	1	01-19645	88.11			234.30
2007	91462600007	2	01-19645	88.11			234.30
P	ayment type:				Payment Red	ceived: \$	234.30

Received from:

CARDWELL VERNON
1665 10TH STREET

DOUGLAS AZ 85607